

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: _____				2 Serial/Patent # 10/525764												
3 Please refund the following fee(s):				4 PAPER NUMBER	5 DATE FILED		6 AMOUNT									
Filing							\$									
Amendment							\$									
Extension of Time							\$									
Notice of Appeal/Appeal							\$									
Petition							\$									
Issue							\$									
Cert of Correction/Terminal Disc.							\$									
Maintenance							\$									
Assignment							\$									
Other							\$									
<small>Refund Ref: 0330324/71</small> <small>07/26/03</small>				7 TOTAL AMOUNT OF REFUND		<small>0330023536</small> \$										
<small>Lev. & Refund Total: \$50.00</small>				8 TO BE REFUNDED BY: \$500.00												
10 REASON: VISA.....XXXXXXXXXXXX31				Treasury Check <small>VISA.....XXXXXXXXXXXX31</small>												
Overpayment				Credit Deposit A/C #:												
Duplicate Payment				9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								--				
		--														
No Fee Due (Explanation):																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: _____				TITLE: _____												
SIGNATURE: <u>04 FC:1615</u> <small>50.00 UP</small>				PHONE: _____ <small>-500.00 OP</small>												
OFFICE: _____																

THIS SPACE RESERVED FOR FINANCE USE ONLY:																
APPROVED: _____				DATE: _____												

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: